

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26462

3330

FILED AUG 17 1955

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|--|----------------------------|--|-----------------------------------|---|---|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>2 hrs</u> | | c. CITY OR TOWN <u>Westwood View</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u> | | | | STREET ADDRESS (If rural, give location) <u>2711 West 48th St.</u> <u>814</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AMALIA</u> | | b. (Middle) | | c. (Last) <u>SCHMIDT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>31</u> <u>55</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4-17-1872</u> | | 9. AGE (in years last birthday) <u>83</u> | IF UNDER 1 YEAR: Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Antone Weber</u> | | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rudolph H. Schmidt</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>xx</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Howard W. Malm, Boston, Mass.</u> | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Chr Myocarditis & Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs</u> <u>10 yrs</u> | |
| 19a. DATE OF OPERATION <u>no</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>no</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1952</u> to <u>7/31</u> , 19 <u>55</u> that I last saw the deceased alive on <u>7/2/55</u> , and that death occurred at <u>10:20</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>M. B. Casebolt</u> (Degree or title) | | | | 23b. ADDRESS <u>K. C. 4000 Baltimore</u> | | 23c. DATE SIGNED <u>8/1/55</u> | |
| 24a. BURNING, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>8-3-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u> | | 24d. LOCATION (City, town, or county) <u>Kansas City</u> | |
| DATE REC'D BY LOCAL REG. <u>P. E. 55</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Funeral Home, K. C. 720</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2:30
VA-5115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin R. Hansen*

Licensed Embalmer No. *41*

P. O. Address *H. E.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.